

PRE-APPLICATION REPORT

(Submit Application, Plot Plan and Other Required Documents in Triplicate)

ATTACH A ROUTE/DIRECTION MAP FOR LOCATING THE PROPERTY

RECORD I.D. NUMBER

S U

HEALTH DEPT. USE ONLY

REQUEST FOR SUBDIVISION

PRE-APPLICATION REVIEW

PUBLIC HEALTH – SEATTLE & KING COUNTY

ENVIRONMENTAL HEALTH DIVISION

Complete the following and submit with the appropriate fee.
Fee...\$696 plus \$115 per lot.

•NOTE•

THIS APPLICATION IS FOR PRELIMINARY REVIEW OF PROPOSED METHODS OF SEWAGE DISPOSAL AND WATER SUPPLY

Check Appropriate Box: SUBDIVISION ☐ SHORT SUBDIVISION ☐

SUBMIT APPLICATIONS TO:
EASTGATE DISTRICT HEALTH CENTER
14350 SE EASTGATE WAY
BELLEVUE, WA 98007-6458
(206) 296-4932

APPROXIMATE STREET ADDRESS_____

NAME AND/OR NUMBER OF D.D.E.S. APPLICATION_____

LEGAL DESCRIPTION_____

PARCEL #

--	--	--	--	--	--	--	-----	--	--	--	--

NUMBER OF ACRES _____ NUMBER OF LOTS TO BE REVIEWED _____ SMALLEST LOT SIZE _____ SQ. FT.

OWNER _____ ADDRESS _____ PHONE# _____

AGENT _____ ADDRESS _____ PHONE# _____

THE FOLLOWING INFORMATION MUST BE PROVIDED:

WATER SUPPLY (Complete Section 1, 2 or 3 below):

Section 1. ☐ Existing Public Water Supply _____
Attach Certificate of Water Availability (Name)

Section 2. ☐ Proposed Public Water Supply _____
(Name)

- ☐ Declaration of Covenant(s) Attached
- ☐ Recording # _____, or
- ☐ To be recorded with final approval
- ☐ Restrictive Covenant(s) (if applicable) Attached
- ☐ Recording # _____, or
- ☐ To be recorded with final approval
- ☐ Water Use Agreement Attached
- ☐ Recording # _____, or
- ☐ To be recorded with final approval
- ☐ Waterline Easements Attached
- ☐ Recording # _____, or
- ☐ To be recorded with final approval

Section 3. ☐ Individual Wells (Minimum lot size required for individual well is 5 acres)

☐ Adequate water availability to be demonstrated prior to final approval or statement that an adequate water supply has not been demonstrated.

☐ Protective covenants to be recorded prior to final subdivision approval

SEWAGE DISPOSAL (Complete Section 1, 2 or 3 below):

Section 1. ☐ Existing Sewer System _____
Attach Certificate of Sewer Availability (Name)

Section 2. ☐ Individual On-Site Sewage Systems (OSS)
Attach Soil Log Descriptions including soil type designation; (Minimum 2 per lot) and Plot Plan (to include lot lines, lot sizes, location of existing sewage system(s) and soil log holes)

Section 3. ☐ Community/Larger On-Site Sewage System (Attach Preliminary Report)

I, hereby, certify that the information given in this application is a true and accurate representation of the existing conditions on this plat.

Signature of Owner/Agent _____ Date _____

Name of Licensed OSS Designer/P.E. (please print) _____ .License # _____

Signature of Licensed OSS Designer/P.E _____ Date _____

☐ APPROVED

☐ DISAPPROVED _____
(Date) (Health &Environmental Investigator) (District Supervisor)

COMMENTS/CONDITIONS _____

DATE RECEIVED